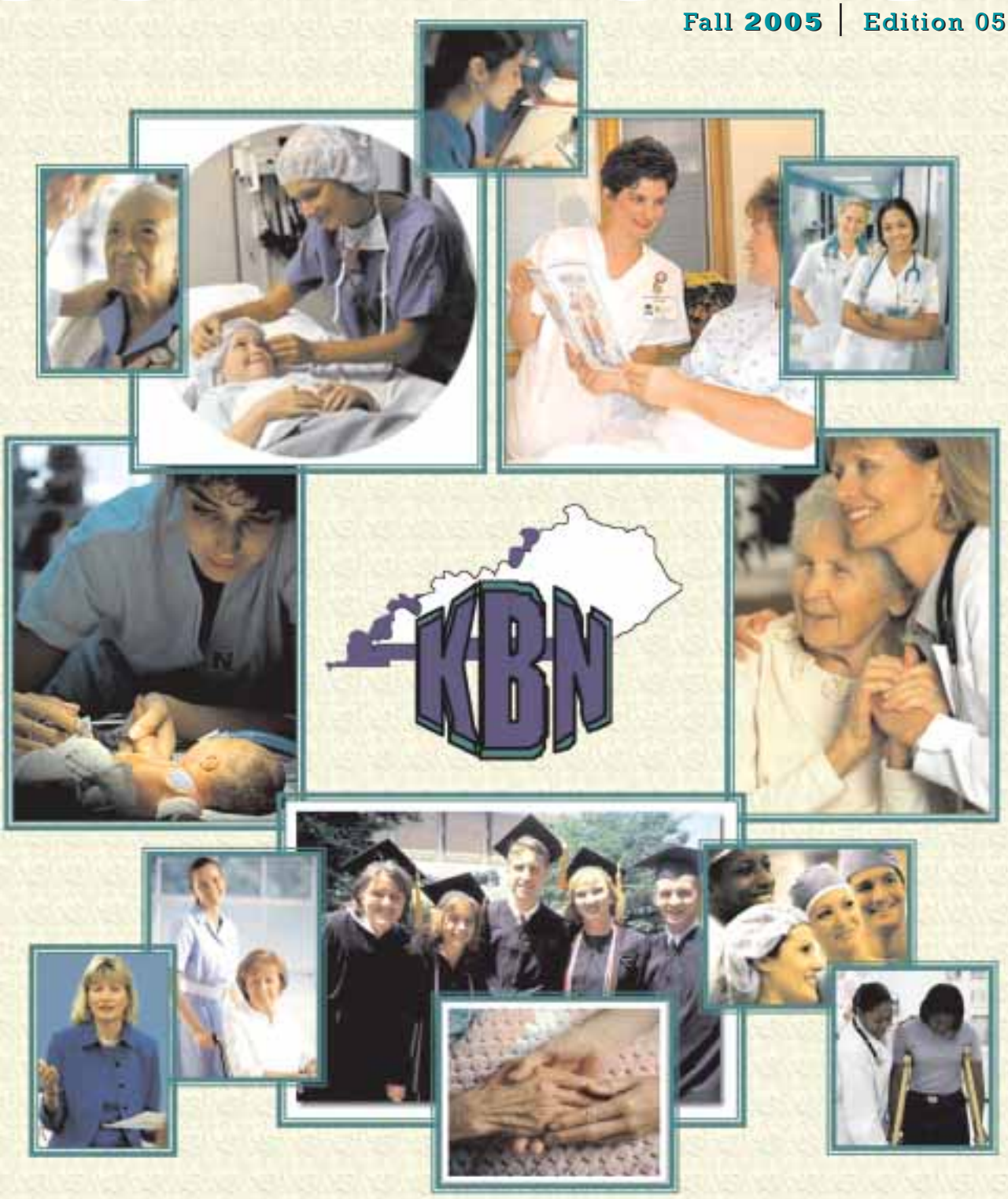
KBNursing CONNECTION

Fall 2005 | Edition 05



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Fall 2005, Edition 5

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KBN MISSION

It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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Contents

Fall **2005** | Edition 05

Waived Licensure Fee for Louisiana Nurses

Any Louisiana licensed nurse who is displaced due to Hurricane Katrina, and seeking registration or licensure in Kentucky will have the endorsement application fee waived prior to December 1, 2005. See the KBN website at http://kbn.ky.gov/displaced_licensees.htm for additional information and application instructions.

A teleconference on November 14, 2005 is being sponsored by the Kentucky Board of Nursing, the Department of Public Health, and the Kentucky Hospital Association. Please join us to discuss the clinical internship for new graduates of nursing programs, the Nurse Licensure Compact, mandatory web renewal of all RN/LPN licenses and ARNP registrations, and the role delineation course for graduates of RN programs of nursing who may be eligible to sit for the LPN NCLEX.

president's message

Along with several other board members, I had the privilege of attending the National Council of State Boards of Nursing (NCSBN) annual meeting held in Washington, DC from August 2 to August 5, 2005. The National Council is the umbrella organization to which all state boards of nursing belong. In addition to developing and administering the NCLEX examination, the National Council assists member boards in issues of common concern. At this annual meeting, the member boards approved several initiatives of interest to boards of nursing. A proposed model process for criminal background checks was adopted. The model process recommended that state and federal background checks be conducted on applicants for licensure and that the conviction histories be used by boards in licensure decisions. The National Council also adopted a proposal to develop an examination for states that regulates medication aides. Along with that proposal, the delegates adopted a model act and rules for the regulation of nursing assistive personnel, along with a position paper and accompanying documents. The regulation of nursing assistive personnel continues to be an area of concern to boards of nursing across the country. Finally, the delegates adopted a position paper on clinical instruction in prelicensure programs of nursing and a resolution to continue studying methods of measuring continued competency among nurse licensees.

In addition to attending business sessions, I attended the awards session. I am very proud to announce that one of our own, Marcia B. Hobbs, DSN, RN, received the Meritorious Achievement Award from the National Council. The Meritorious Achievement Award is granted to a board or staff member for significant contributions to the purposes of NCSBN. Dr. Hobbs is an ardent voice in the development of public policy to enhance the health and well being of individuals and the community. Her leadership has been demonstrated numerous times; most recently having retired as a Lieutenant Colonel in the U.S. Army Nurse Corps Reserves after serving as chief nurse, recruiter, clinical manager, staff nurse and in-service coordinator. Dr. Hobbs has given presentations on the state, national and international levels, as well as written many publications and conducted research in the field of nursing. Marcia has served as past president of KBN, as well as vice-president of NCSBN, and she currently serves as chair of the KBN Education Committee. [Photo courtesy of 2005 MAX KRUPKA/WEPS]

Also recognized at the awards ceremonies was Sharon M. Weisenbeck for 30 years of service with the NCSBN. As you know, 25 of those years were spent as the KBN Executive Director and the other 5 years were with the Wisconsin Board of Nursing. Sharon has devoted a lifetime promoting public safety thru effective regulation. This was indeed an honor for Sharon having served longer than anyone with the NCSBN and to KBN being represented by a person such as Sharon. [Photo courtesy of 2005 MAX KRUPKA/WEPS]

It was an exciting meeting and all who attended learned a great deal about national nursing issues and issues that will directly impact nurses in Kentucky, as well as bearing witness to the honoring of two of KBN's finest. Congratulations, Marcia and Sharon!

Jimmy T. Isenberg, PhD, RN

by Patricia Spurr, MSN, EdD, *Nursing Education Consultant*

Entry into Practice: A Regulatory Initiative

Moving from the protective walls of a nursing program to independent nursing practice is a sobering transition for many new graduates. I can still remember driving to my first day of orientation as a new graduate thinking "Oh my gosh, they are going to think I know something!" I dare say that this thought enters the minds of many new graduates as they embark on the work world and the responsibility of becoming a licensed nurse begins to become reality.

The growth of knowledge and the complexity of the nursing profession makes it impossible for a new nurse to graduate from school with all the skills and abilities necessary to function independently in this strange new world. Nurse managers frequently report that many new graduates lack sufficient practical clinical skills to handle the workload and complexity in today's healthcare settings. Should we expect the novice nurse to have the critical thinking and problem solving skills that a seasoned professional develops over the course of a lifetime? I dare say no. The question then becomes how do we introduce new graduates into the practice world so that they are nurtured and able to become competent, capable practitioners?

Recognizing that nursing competency and patient safety goes hand in hand, KBN began addressing this issue in 1995 with the formation of a Competency Task Force. Based on the recommendations of this and subsequent work groups, KBN took steps to address the issue of clinical opportunities required of nursing students, both pre- and post-graduation. This article will address the approach selected by the Board related to competency at the time of entry into practice.

Background

Current standards for initial licensure include graduation from an approved school of nursing, successful results on the National Council Licensure Examination (NCLEX), and the ability to read with comprehension, understandably speak, and write the English language. Graduation from an approved program of nursing presumes that an applicant for initial licensure demonstrates sufficient competency to deliver safe and effective care. It is recognized that competency standards for initial entry into practice evolve as society changes. To this end, a licensing body is dependent upon the faculty of the prelicensure program of nursing to foster program outcomes reflective of current practice demands, to assure that the competency level of program graduates supports safe and effective nursing care, and to reinforce the need for continued learning throughout a nursing career.

The KBN Competency Task Force consisted of a diverse group of nurses representing education and practice. The specific focus of this task force was to examine the congruence between nursing education and practice expectations. The outcomes of the Initial Competency Task Force were to: improve the preparation of nursing graduates for transition to practice; support nursing practice responsibilities related to the increase in complexity of required patient care skills; provide time and opportunity for new graduates in nursing practice to meet the expectations of employers during the transition from academia to the service industry. With these outcomes in mind, KBN proposed the implementation of two distinct clinical opportunities: One to be completed prior to graduation (Integrated Practicum) and one immediately following graduation (Clinical Internship).

> "The growth of knowledge and the complexity of the nursing profession makes it impossible for a new nurse to graduate from school with all the skills and abilities necessary to function independently in this strange new world."

Integrated Practicum

Kentucky state regulations charge nursing programs with the responsibility and accountability to develop a curriculum plan that enables students to acquire the nursing skills essential for safe practice upon graduation. Though each nursing school lays out their program slightly different, each must include theory and selected clinical practice experiences to enable the graduate to provide nursing care to individuals across the life cycle. To enhance the clinical experiences already present within nursing programs, KBN adopted a requirement titled "Integrated Practicum." The practicum consists of 120 clock hours of concentrated direct patient care in a health care facility to be completed within a 7-week period during the final semester or quarter of the program of nursing. Prelicensure programs of nursing are required to provide this capstone clinical experience under the supervision of a program faculty member for any student admitted to their program as of July 1, 2004.

A capstone experience by definition is "an opportunity for students to demonstrate that they have achieved the goals for learning established by their educational institution and major." This capstone clinical experience should be designed in such a manner that the student is able to demonstrate cognitive, affective and psychomotor learning sufficient for completion of program outcomes. The clinical setting in which the student completes the integrated practicum depends upon the program of nursing.

Clinical Internship

The second clinical component introduced by KBN is accomplished post-graduation within the practice arena. This component is called the "Clinical Internship." Beginning January 1, 2006, any individual seeking licensure in Kentucky by examination and/or endorsement who has not practiced for at laeast 120 hours following graduation will be required to complete a clinical internship and pass NCLEX prior to full licensure being granted. The statute, KRS 314.011(20), defines the

continued on Page 9

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- Cheryl Hickman, Chief Nursing Officer

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- Chris Allison, CRNA

Contact:
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Pikeville Medical Center
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continued from Page 6

clinical internship as: "A supervised nursing practice experience which involves any component of direct patient care." The statute furthers specifies that the internship "shall last a minimum of 120 hours and shall be completed within 6 months of the issuance of the provisional license" (KRS 314.041). The key elements of the clinical internship include: direct patient care, supervision by a licensed nurse, 120 hours in duration, and a 6-month provisional license time frame.

A student graduating from an approved nursing program will first make application to the state of Kentucky and to NCLEX. Once the Kentucky application is complete, KBN will wait until communication is received from the student's program of nursing indicating that he/she has successfully completed all requirements for graduation. Once this communication is received, the graduate will be issued a provisional license for the state of Kentucky that is valid for 6 months. During the 6-month period, the new graduate will be required to complete the internship and is advised to successfully pass the NCLEX examination if he/she desires to continue practicing within the state. At the time that the provisional license expires, if the new graduate has either not completed the internship or passed NCLEX, he/she will no longer be able to practice as a licensed nurse within the state of Kentucky.

Once the provisional license has been received or verified, the new graduate can begin the clinical internship. During the period of time that the new graduate has the provisional license, he/she will use the title RNA (Registered Nurse Applicant) or LPNA (Licensed Practical Nurse Applicant). The internship can be completed at any healthcare agency licensed by the state. For a new graduate, a primary factor in the selection of an agency is the ability to engage in patient care under the direct supervision of a licensed nurse. To qualify as direct supervision, the nurse responsible for the applicant shall at all times be physically present in the facility and immediately available to the applicant.

At the completion of the 120-hour internship period, the new graduate will submit verification of completion to KBN.

Once this verification has been received, KBN will notify NCLEX that the individual is eligible to schedule and take the licensing examination. Once the test it taken and the reusults are positive, the new graduate will be granted full licensure within the state. If the graduate is not sucessful on the examination, the provisional license is voided and the individual can no longer work in the capacity of a licensed professional until the time that he/she has successfully passed NCLEX.

Conclusion

Nurses are considered to be the heart and soul of healthcare settings, the front line carefiber to clients. Supporting nurses through their critical entry into the profession is not only good for the development of the nurse and the employer, but it is most important to the good of the patient. Regulation implies the intervention of the government to accomplish an end beneficial to its citizens. Through the implementation of administrative regulations, KBN has taken these two steps to assist new graduates in developing entry level clinical competence under the guidance of an eperience professional.

For more inforamation on the clinical internship and a list of frequently asked questions and answers, refer to the KBN webiste at http://kbn.ky.gov

HIGHLIGHTS OF BOARD ACTIONS

ALTERNATIVE TO DISCIPLINE PRACTICE PROGRAM - Appointed an Ad Hoc Work Group of the Board to study the issue of implementing an alternative to discipline program for practice competency deficits. The members of the group will be Jan Ridder, RN, Chair; Ann Fultz, LPN; Catherine Hogan, RN; and Elizabeth Partin, ARNP.

MANDATORY ONLINE RENEWAL- Directed that web-based renewals be mandatory for RNs, LPNs, and ARNPs beginning with the 2006 renewals, and that licensees have the option of requesting a paper renewal application for an additional fee of $40.

ARNP COUNCIL - Directed that David Schwytzer, ARNP-A; Kim Evans, ARNP-CNS; and Jill Crawford, ARNP-P, be appointed to the ARNP Council.

DIALYSIS TECHNICIAN ADVISORY COUNCIL - Directed that Kathy Roberts, RN, and Evelyn M. Stokes, DT, be appointed to the Dialysis Technician Advisory Council.

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Marymount Medical Center has positions for nurses who are passionate about helping others, understand the value of their work and who genuinely want to make a difference in the lives of people they touch.

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Continuing Competency Requirements

by Mary Stewart, *Continuing Competency Program Coordinator*

Change in Earning Periods for All Nurses

Beginning with the 2005 renewal period, LPNs are required to renew their license yearly by October 31. RNs will begin the annual renewal process in 2006. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

Earning Period	For Renewal By	#CE Hours
LPNs		
11/1/03-10/31/05	10/31/05	14*
11/1/05-10/31/06	10/31/06	14*
RNs		
11/1/04-10/31/06	10/31/06	14*
11/1/06 – 10/31/07	10/31/07	14*

*or equivalent

Each year KBN audits a randomly selected pool of nurses. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the Kentucky Nursing Laws.

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include one of the following:

1. Proof of earning 14 approved contact hours; OR
2. A national certification or recertification related to the nurse's practice role (in effect during the whole period or initially earned during the period); OR
3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR
4. Publication of a nursing related article; OR
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR
6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR
7. Proof of earning 7 approved contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least 6 months of the earning period.
8. College courses, designated by a nursing course number, and courses in physical and social sciences will count toward CE hours. One semester credit hour equals 12 contact hours.

Domestic Violence CE Requirement: There is a requirement to earn 3 contact hours of approved domestic violence CE within 3 years of initial licensure (one-time only). This requirement is included as part of the curriculum for nurses graduating from a Kentucky nursing program on or after 5/1998. The CE audit will monitor compliance of the 3 contact hours of domestic violence CE. Many nurses may have met this obligation during the previous renewal period, however, if selected in the random CE audit, the nurse will be required to furnish a copy of the certificate of attendance for domestic violence CE even if it was earned durning the last renewal period. This requirement applies to licensure by examination, as well as licensure by endorsement from another state.

Pharmacology and Sexual Assault CE Requirements: ARNPs are required to earn 5 contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn 5 contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned.

HIV/AIDS CE Requirements: The 2 hours of mandatory HIV/AIDS CE can be earned once every 10 years. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 – 10/31/2012. Nurses are required to maintain proof of earning the CE for up to 12 years.

CE Requirements for New Licensees: All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Academic (College Credit) Courses Used to Meet CE Requirements: Certain college credit courses may be used to meet CE requirements. Nursing courses, designated by a nursing course number, and courses in physical and social sciences such as Psychology, Biology, and Sociology will count toward CE hours. (One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.) Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, as well as CPR/BLS, in-service education, or nurse aide training. ACLS or PALS courses are acceptable for CE hours if given by an approved provider.

If a college course does not fall within these designated categories, and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to KBN for review of the course at a cost of $10. The application must be submitted to KBN by 11/30 of the licensure year.

Additional information about CE/competency can be found on the KBN website at http://kbn.ky.gov/education/ce.htm.

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King's Daughters nursing team deli

King's Daughters Medical Center's nursing team features a dedicated team of more than 1,700 nurses motivated by one common goal—delivering world-class care.

Yet, the reasons they choose to practice at KDMC are diverse and unique. As a Top 100 Company for Working Mothers, many moms and mothers-to-be enjoy benefits such as flexible scheduling and on-site day care. Others take advantage of tuition reimbursement programs designed to help nurses take their career to new heights.

KING'S DAUGHTERS MEDICAL CENTER
Taking Medicine Further™

While KDMC's generous salary and benefits programs are important, they often are not the primary motivations for nurses, many of whom view their profession as a calling. For three such caregivers at KDMC, a job well done is its own reward.

Jennifer Sark, R.N., can't wait to come to work in the morning. Likewise, Jennifer's teammates at King's Daughters look forward to seeing her. She is a valued clinician who has earned the respect of her fellow nurses on the Surgical Observation Unit.

Jennifer particularly enjoys getting to know her patients and helping ensure success following surgery.

"You really see a positive difference in patients after their procedures," she says. "I like being part of the improvement, especially for those whose surgery is elective."

Jennifer says King's Daughters commitment to leading-edge technology benefits nurses.

"King's Daughters is always doing something to improve the quality of work for nurses," says Jennifer, a 10-year veteran at KDMC. "We practice in the best facilities and use the most advanced equipment."

King's Daughters promotes a team environment that serves both patients and nurses. Surgical Orthopedic nurse Carrie Gordon, R.N., who has

Members of the nursing staff at KDMC

Top photo: (clockwise from top) Aaron Palmer, R.N., Skilled Nursing; Patricia Berry, RNC, BSN, Behavioral Medicine; Heather Hall, R.N., Rehabilitation Unit; Katy Sebastian, R.N., Emergency Department; and Maria Dykes, R.N., BSN, Family Practice Unit.

Bottom photo: (clockwise from top) Jennifer Sark, R.N., Surgical Observation Unit; Lisa Bowen, R.N., Respiratory Step Down Unit; and Heather Rapp, R.N., Cancer Resource Center.

vers World-Class Care

(from left) Brenda Rice, R.N., Respiratory Step Down; Mary Anne Crance, R.N., Echo Lab; James Boggs, R.T., MRI/CT Scanning; Jamie Mills, Heart and Vascular Center; René Clay, R.N., Community Services; Cindy Triplett, R.N., Cancer Resource Center

> *"KDMC is big enough to care for the needs of everyone, yet small enough to focus on individual customer needs."*
>
> Brenda Rice, R.N.
> Respiratory Step Down

practiced two years at the medical center, says her fellow caregivers support each other.

"Many of the nurses are my best friends. They're like my family," Carrie says. "They have a lot more experience, and I can go to them for advice on anything."

"King's Daughters is where I always wanted to work. My family has always received care there," she continues. "It's such an honor when I hear the great things our community has to say about our care."

Family is important to Respiratory Step Down nurse Brenda Rice, R.N., who has spent seven years at the medical center. Growing up, she dedicated much of her life to caring for her family, which later helped shape her professional career.

"When my grandfather suffered a stroke, I took care of him and helped manage his farm. Later, I gave birth to my two daughters," she says. "Throughout my life, I've cared for others, so nursing seemed like an appealing career choice."

Brenda says King's Daughters personal approach to care is what makes the medical center the provider of choice in the region.

"Our nurses, therapists and physicians work well together. This teamwork fosters good continuity of care," she says. "Our nursing team views every patient as everyone's patient, so we take personal responsibility to ensure the best care for all."

Brenda also says the friendly, hometown atmosphere at King's Daughters is important.

"KDMC is big enough to care for the needs of everyone, yet small enough to focus on individual customer needs," she says.

DISCIPLINARY *Actions*

*** License has not been returned to KBN**

Since the publication of the summer edition of the KBN Connection, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extension list of disciplinary actions is available on the KBN website at http://kbn.ky.gov/kbn/downloads/discipline.pdf. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

CEASE AND DESIST NOTICES ISSUED

Ernie Lee Ellis	DOB 9/26/1972	Louisville KY	Cease and Desist Notice Mailed 6/27/2005

IMMEDIATE TEMPORARY SUSPENSION OF LICENSE

Adkins, Stephanie Lea Fletcher	LPN #2036125	Virgie KY	Eff. 8/9/05
Clay, Charlotte V.	RN #1100344	Louisville KY	Eff. 8/25/05
Cofer, Rae Emmons	RN #1033335	Louisville KY	Eff. 8/24/05
Harmon, Dana K.	LPN #2026434	Sharpsburg KY	Eff. 7/29/05
Holbrooks, Ronetta	LPN #2028361	Rockhouse KY	Eff. 7/11/05
Lancaster, Shawna L.	LPN #2038163	Somerset KY	Eff. 8/26/05
Patton, Teresa Epperson	LPN #2031175	Littcarr KY	Eff. 8/26/05
Stewart, Holley A. Herdt	RN #1072739	Louisville KY	Eff. 7/29/05
Wilson, Patricia S. Bray	LPN #2028330	Fort Bragg, NC & Lexington KY	Eff. 7/29/05

IMMEDIATE TEMPORARY SUSPENSION OF CREDENTIAL

Brown, Sandra Y.	Dialysis Technician	Louisville KY	Eff. 7/25/05

LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

Bookout, Cynthia A. Bell	RN #1058371	Paducah KY	Eff. 8/24/05
Bussell, Jennifer J. Workman	RN #1071705	Ewing KY	Eff. 7/26/05
Carlton, Sallie D.	LPN #2022500	Dawson Springs KY	Eff. 8/23/05
Hoetker, Mary Jane DeHart	RN #1040043	Louisville KY	Eff. 8/30/05
Metcalfe, Linda Dailey	RN #1029221	Lancaster KY	Eff. 7/27/05
White, Glynna Marcella	RN #1090315	Lexington KY	Eff. 6/20/05
Workman, Reginald Dale	RN #1098206	Louisville KY	Eff. 8/9/05

LICENSE REVOKED

Deaton, Jennifer Denise Ogans	LPN #2031917	Hazard KY	Eff. 7/27/05
Kinney, Lisa Sue Groves	LPN # 2021308	Florence KY	Eff. 7/27/05
Margraves, Debra C.	RN #1067698 LPN #2017162	Lexington KY	Eff. 7/27/05

LICENSE SUSPENDED

Brasher, Tracey Jean	LPN #2034073	Nortonville KY	Eff. 8/19/05
Christian, Linda Mae Sutterfield	LPN #2027613	Corbin KY	Eff. 6/17/05
Frazier, Rebecca Joanna	RN #1104686	Frankfort KY	Eff. 8/19/05
Green, Pamela S. Sandlin	LPN #2037499	Berry KY	Eff. 8/19/05
Hale, Karry L.	LPN #2037759	Independence KY	Eff. 8/19/05
Meadows, Mary E. Miller	RN #1065581	Somerset KY	Eff. 8/19/05
Poynter, Christopher Grant	LPN #2036495	Somerset KY	Eff. 8/19/05
Barnett, Lora M.	LPN #2028100	Sharon Grove KY	Eff. 6/17/05

LICENSE CONTINUED ON SUSPENSION

Griffin, Phyllis C. Hayes	LPN #2022553	Richmond KY	Eff. 8/19/05
Harmon, Shirley Ann	LPN #2035843	LaGrange KY	Eff. 8/19/05

LICENSE VOLUNTARILY SURRENDERED

Burnette, Sarah Avo Meeks	RN #1039641 LPN #2010826	Bowling Green KY	Eff. 6/22/05
Dodson, Tammy L. Shelton	LPN #2024196	Stanford KY	Eff. 7/26/05
Hayden, Marilyn Denise Wood	RN #1092463 LPN #2022224	Lebanon KY	Eff. 8/30/05
Maddox, Rachel Mischelle	LPN #2029920	Newburgh IN	Eff. 7/26/05
McHale, Janice R. Moore	RN #1059946	Fort Wright KY	Eff. 8/30/05
Millikan, Kimberly Dawn May	RN #1065549	Providence KY	Eff. 8/30/05
Ponto, Dennis Anthony	RN #1089801	Lanesville IN	Eff. 8/30/05
Shaner, Brenda S. Kerby	LPN #2024762	Nicholasville KY	Eff. 7/26/05
Smith, Teresa E.	RN #1054671	Tiline KY	Eff. 8/30/05
Tesch, Aaron A.	LPN #2039113	Shepherdsville KY	Eff. 7/26/05
Vance, Jondra	RN #1099451	Lexington KY	Eff. 8/30/05
Whitt, Georgia R. Evans	LPN #2027443	Waynesburg KY	Eff. 8/30/05

*** License has not been returned to KBN**

LICENSE DENIED REINSTATEMENT

Logsdon, Elsie Wallace	LPN #2004871	Shepherdsville KY	Eff. 8/19/05
Helton, Doris J. Lewis	RN #1080209 LPN #2019166	Gray KY	Eff. 8/19/05
Ward, Lisa Ann Holmes	RN #1077609	Flatwoods KY	Eff. 6/17/05

LICENSE TO BE REINSTATED LIMITED/PROBATED

Gray, Rhonda G. Norman	LPN #2025227	Hima KY	Eff. 7/26/05
Richards, Sherry L. Schloss	RN #1072296	Lexington KY	Eff. 8/19/05
Roberts, Karen Ann	RN # 1055181	Bowling Green KY	Eff. 7/26/05
Rudd, Pamela Cox	LPN #2028876	Campton KY	Eff. 6/17/05
Shumate, Tammy Aileen Tedder	LPN #2033003	Charlestown IN	Eff. 6/16/05

LICENSE LIMITED/PROBATED

Brady, Andrea Marie Baker	LPN #2036526	Vine Grove KY	Eff. 7/26/05
Causey, Tammy Ann Doolin	LPN #2029238	Owensboro KY	Eff. 8/30/05
Conley, Paula J. Lockwood	LPN #2019528	Burgin KY	Eff. 6/17/05
Miller, Kristie Ann Blanton	LPN #2036436	Harlan KY	Eff. 7/26/05
Pence, Janet Kay Peabody	RN #1093965	Worthville KY	Eff. 6/16/05

REPRIMAND

Burress, Melissa D. Livesay	RN #1094440	Lexington KY	Eff. 8/30/05
Earls, Vicki L. Root	RN #1080729	London KY	Eff. 6/22/05
Orwig, Christy Arlene Cook	RN #1090253	Madison IN	Eff. 6/16/05

LICENSE TO BE REINSTATED WITHOUT RESTRICTIONS

Harris, Kamara L. Glenn	LPN #2033016	Sicklerville KY	Eff. 8/19/05
Wyatt, Naomi J. Lowe	RN Exam Applicant	Hazel KY	Eff. 6/17/05

CONSENT DECREES ENTERED JUNE 7, 2005 – AUGUST 30, 2005

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration.....5
Imposition of civil penalty for failure to meet mandatory continuing education requirement for renewal of license.....27

LICENSES REMOVED FROM PROBATION JUNE 7, 2005 – AUGUST 30, 2005 2

Renewal Notification

by Joyce A. Bonick, *RN, Credentials Manager*

If you failed to renew your license before midnight October 31, 2005, your license has lapsed, and you may not continue to practice as a nurse in kentucky until your license has been reinstated.

To reinstate your license you must complete a reinstatement application, pay the $120 application fee and submit proof of earning the continuing competency requirement, and proof of earning the domestic violence 3 contact hour CE requirement. Until all documents are received and reviewed your application for reinstatement will not be processed and you may not practice as a nurse in Kentucky until your license has been reinstated.

Until December 1, 2005, if you have your renewal application, you may submit that application with the $120 application fee, proof of earning the continuing competency requirement, as well as proof of earning the 3 contact hours of domestic violence, if you do not have the renewal application, you must submit the application for reinstatement.

On and after December 1, 2005, you must submit the application for reinstatement with the above mentioned requirements before your license will be reinstated.

The processing of the reinstatinga license may take up to 5 working days. It may take up to 3 weeks to receive a renewed license card.

You may not work in Kentucky as a nurse without a current, active license.

If you must answer "yes" to either the disciplinary or criminal history questions, you must mail certified copies of court records and/or other boards' actions and a letter of explanation to KBN, to the attention of consume Protection. Your application for reinstatement will not be processed until the documentation is received and reviewed.

NAME CHANGE: To change your name and receive a new license card, you must return your license card(s) with the request for a name change, the $35 fee, and the legal documentation before a new license card will be issued. Acceptable documentation includes, marriage certificate, divorce decree (showing the return to another name), other legal name change documents, or a social security card.

ADDRESS CHANGE & DUPLICATE RENEWAL FEE: If your address changed, please go to our web site at www.kbn.ky.gov to make the necessary changes. Please follow the instructions carefully, typing your address in the correct lines. If you fail to put city, state, and zip code in the correct fields, your address will not update the KBN data base correctly, and you will not receive any future communication from the board.

Additional information about the RN renewal period is available on the KBN website and will be printed in upcoming issues of the KBN Connection.

Retired License Status

Beginning November 1, 2005, a retired license status will be available for LPNs. An application will be available for printing from the KBN web site (www.kbn.ky.gov) beginning September 1, 2005. There is a one time processing fee of $25. The retired licensure status will not require a renewal process and therefore will not have an expiration date.

If you wish to retire on November 1, 2005 and you have a lapsed LPN licensure stat us, you may apply for the retired licensure status on line using a credit card. Or you may print and complete the retired licensure status application and return the completed application with the $25 fee and your current license card (expiring 10/31/2006) and a retired status card will be issued to you. If you have any questions, please contact Lou Johnson at loul.Johnson@ky.gov.

Proposed Fee Changes

KBN has filed an amendment to 201 KAR 20:240, the regulation on fees for applications and services. The amendment was filed with the Legislative Research Commission on August 31, 2005 and was published in the October Administrative Register. The regulation will be considered by the Administrative Regulations Review Subcommittee during its December meeting. The changes to the regulation are as follows:

Service	Current Fee	Proposed Fee
Manual Verification	$10 first individual $1 each additional	$50 first individual $20 each additional
CE Provider	$150 per year	$200 for 5 years
Paper Renewal Form	No Fee	$40
Return Check Fee	$25	$35
Program of Nursing Application	No Fee	$2,000
Copy of Transcript	$5	$25
ARNP Application	$120	$150
Endorsement Application	$120	$150
Exam Application	$110	$150

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Current KY state Registered Nurse License

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OR Scrub Tech - 7a-3p Full-time w/rotating call. Certification required.
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Patient Safety Issues

Safety Issues with Patient-Controlled Analgesia
Part I – How Errors Occur

Article reprinted from ISMP Medication Safety Alert! Nurse Advise-ERR (January 2005, Volume 3, Issue 1), with permission by the Institute for Safe Medication Practices.

Patient-controlled analgesia (PCA) has great potential to improve pain management, allowing patients to self-administer a more frequent but smaller dose of an analgesic when in pain. When used as intended, PCA actually reduces the risk of oversedation, which is an unintended consequence of the traditional nurse-controlled analgesia in larger, less frequent doses. However, it's clear from anecdotal reports in the literature and events reported to ISMP that errors happen frequently, sometimes with tragic consequences. The following factors have often contributed to PCA errors.

PCA by proxy. A crucial built-in safety feature with PCA that's often overlooked is that the device is intended to be activated by the patient. A sedated patient will not press the button to deliver more opiate, thus avoiding toxicity. More opiate is required to produce respiratory depression than to produce sedation. However, family members and health professionals have administered doses for the patient, by proxy, hoping to keep them comfortable. This well-intentioned effort has resulted in respiratory depression and even death. For example:

A postoperative patient asked her husband to press the button on her meperidine PCA if she moved or made any noise as she slept during the night. Sadly, he complied, and by morning, the patient suffered a respiratory arrest and could not be successfully resuscitated.

A nurse consistently woke her elderly patient, assessed his pain, and pressed the button on his morphine PCA, believing she was helping this "stoic" patient. Extreme oversedation resulted by morning, which eventually contributed to the patient's death.

Improper patient selection. Since an important safety feature with PCA is that the *patient* delivers each dose, candidates for PCA should have the mental alertness and cognitive, physical, and psychological ability to manage their own pain. However, the benefits and convenience of PCA have led providers to extend its use to less than ideal candidates such as infants, young children, and confused patients. This facilitates the dangerous practice of PCA by proxy. For example:

A previously alert elderly patient was prescribed morphine PCA postoperatively, but she became obtunded and confused, and unable to verbalize pain or press the button. To keep her comfortable, nurses delivered PCA doses when the patient exhibited restlessness. Within 48 hours, the patient experienced respiratory depression and seizures, resulting in hypoxic encephalopathy, and death 2 months later.

Oversedation has also occurred in less than ideal candidates at risk for respiratory depression due to comorbid conditions such as obesity, asthma, or sleep apnea, or use of concurrent drugs that potentiate opiates (e.g., benzodiazepines, barbiturates). PCA use in unsuitable patients may also result in undertreatment due their inability to clearly communicate pain.

Inadequate monitoring. Even at therapeutic doses, opiates can suppress respiration, and decrease heart rate and blood pressure. Accordingly, nurses typically monitor patients receiving opiates at distinct intervals. However, these activities may not alert caregivers to opiate toxicity. Patients may not be monitored frequently enough, especially during the first 24 hours and at night when nocturnal hypoxia can occur. The way that nurses assess patients may also be at the root of the problem. Patients with induced respiratory depression or oversedation can easily be stimulated to a higher level of consciousness and an increased respiratory rate. Thus, if nurses disturb patients in order to make the assessment, the observed level of consciousness and respiratory rate may not be helpful in detecting toxicity. Once the stimulus is removed, patients fall back into an oversedated state. There's also too much reliance on pulse oximetry readings, which can offer a false sense of security since oxygen saturation is usually maintained even at low respiratory rates, especially if supplemental oxygen is in place. For example:

An elderly patient on morphine PCA was found with a respiratory rate of 4 and an oxygen saturation of 96%. The patient's daughter, who had been advised not to press the button, was afraid the medication would wear off during the night. So she woke her mother frequently and encouraged her to push the button. Despite frequent monitoring during the night, the respiratory depression was not noticed until the next morning, in part due to reliance on high pulse oximetry readings. Fortunately, the patient responded quickly to naloxone.

Inadequate patient education. Most patients who are suitable candidates for PCA can be taught how to use the device successfully. But patients who have been taught to use the device during the immediate postoperative period have often been too groggy to fully understand its use, and have reported poor pain control during the first 12 hours after surgery. Even alert, appropriate patients have misunderstood the directions for use, believing that they must press the button every 6 minutes or so, even when sleepy and comfortable.

Drug product mix-ups. Name similarities have also led to mix-ups between morphine and hydromorphone, or the mistaken belief that hydromorphone (**DILAUDID**) is the generic name for morphine (1.5 mg of hydromorphone is equivalent to about 10 mg of morphine). Morphine is available in prefilled syringes in two concentrations, but the packaging may not help distinguish them, leading to errors. For example:

A nurse inadvertently selected a 5 mg/mL instead of the prescribed 1 mg/mL concentration of morphine from an automated dispensing cabinet to change the syringe of a PCA pump, causing a respiratory arrest in a young patient. Luckily, the patient was successfully treated with naloxone.

Since opiates are typically unit stock, these errors are rarely detected and, most often, have led to significant overdoses; less often, they have led to undertreatment of pain or to an allergic response to the medication.

Practice-related problems. Misprogramming of the PCA pump is, by far, the most frequent practice-related issue. While pump design issues are a common cause of programming errors (described in the section below), some errors have been linked to mental slips or mix-ups. For example:

A hydromorphone concentration was accidentally set at "2.0" mg/mL, not 0.2 mg/mL (undertreatment).

A hydromorphone basal rate was set at 0.5 mg/hr, not 0.05 mg/hr (oversedation).

A pump was programmed to deliver 5 mL (50 mg) of meperidine with each demand dose instead of 5 mg (oversedation).

A pump was programmed to deliver a loading dose (38 mcg of fentanyl) for each demand dose (oversedation).

A morphine PCA pump was set to deliver 10 mg every 2 minutes, not 2 mg every 10 minutes (oversedation).

Device design flaws. Programming a PCA pump requires multiple steps, but its design is often far from intuitive. In fact, two Abbott pumps (Lifecare PCA II and APM Infuser) have been under close scrutiny for years because of frequent programming errors, many which have led to deaths. For example:

A 19-year-old mother died hours after

continued on Page 23

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a routine cesarean section when a nurse accidentally misprogrammed an Abbott Lifecare PCA Plus II Infusion pump. Unknown to the nurse, the pump default for morphine was set at 0.1 mg/mL, not the standard 1 mg/mL which resulted in a 10-fold overdose. Because the nurse was unaware of this default setting, at first, she thought the pump had malfunctioned.

Other design flaws that have led to programming errors include pumps that do not require users to review all settings before the infusion starts, pumps that require users to program the does in mL, not mg (making it easy to overlook the drug concentration and amount of drug the patient is actually receiving), and pumps that have hidden defaults. For example:

One patient died from an overdose of fentanyl delivered during a clinician bolus dose. The two nurses who initially programmed the pump likely set the concentration at 50 mcg/mL as prescribed, but the Deltec CADD-Prizm PCS Pain Control System pump (model 6101) defaulted to a prior setting, 1 mcg/mL, when the Enter key as not pressed within 20 seconds.

Siphoning (free flow) also has been reported after entry of air into the system due to a fractured glass syringe, or a broken cassette that detaches from a pump without anti-siphon tubing. Mechanical problems, such as short circuits, are rare, but insufficient batteries can lead to failures in drug delivery. Some devices also obstruct the view of labels on syringes or cassettes once they are in the pump, thus limiting ongoing verification of the drug.

Design flaws can also be related to the patient's use of the pump. The activation button may look like a call bell, so patients have inadvertently given themselves a dose of analgesic while attempting to call a nurse. Many pumps fail to provide visual or auditory feedback so patients can't tell whether the press of the button has been successful. As a result, some become frustrated and give up.

Inadequate clinical education. Programming a PCA pump requires a number of steps. However, nurses may not always receive adequate training, or may not retain adequate proficiency if multiple types of PCA pumps are used or if PCA is encountered infrequently. For example:

A graduate nurse who rarely encountered PCA needed to change a morphine syringe. She tried to figure out how to do this intuitively, but she failed to install the plunger with the syringe. The patient's continued complaints of pain led to discovery of the error.

Additionally, prescribers may not undergo a credentialing process designed to verify proficiency with this form of pain management. Prescribing errors have resulted.

Prescribing errors. The PCA order itself can be a source of error. Physicians have made mistakes in converting oral hydromorphone to the IV route (with an oral to IV conversion range of 3:1 to 5:1), and when selecting or calculating an appropriate dose for a morbidly obese, opiate na_ve, or elderly patient. Occasionally, one opiate has been prescribed but the accompanying dose has been appropriate for a different opiate. Even with correct PCA orders, clinicians have been known to mishear or misread verbal or written orders, sometimes leading to serious errors. Concurrent orders for other opiates (oral or parenteral) while PCA is in use has also resulted in opiate toxicity. For example:

Preoperatively prescribed hydromorphone PCA was accidentally continued postoperatively without an order. Since the patient was also receiving oral narcotics, he experienced respiratory depression, which required treatment with naloxone and admission to ICU.

Part II - Practical Error - Reduction Strategies will be printed in the next issue of the KBN Connection.

by Bernadette M. Sutherland, MSN, RN, *Practice Consultant*

Administration of Medications without Medical Authorization

Several complaints have been filed with KBN regarding nurses who have given legend drugs (medications that must be prescribed) to patients, coworkers, and others without medical authorization. These medications were given without a prescription and/or without a medical order/standing order/protocol to do so. In some situations, nurses have independently written orders on medical records without medical authority to do so hoping/expecting that a physician/ARNP (hereafter referred to as a provider) would sign the order at a later date. Nurses have written orders that they thought were routine but, in fact, were not. In some cases, the nurses assumed the physician would want the medications administered. An example of this occurred when a nurse wrote an order to "continue home medications" for a newly admitted patient to a facility. The patient received two different medications for days for the same diagnosis before the provider realized it. KBN has advised that nurses should not carry out an order "to continue home medications" but seek specific orders for each medication to be given.

Nurses reported the reasons for administering medication without medical authorization to include:

- Feeling reluctant, hesitant or fearful about calling a provider because of the provider's history of "chewing out" nurses for contacting him/her (nurse intimidation);
- Recognizing that a patient needed the medication but the patient's provider could not be located to prescribe the drug;
- Believing that it was common practice at the health care facility to do so and that other nurses were doing the same thing which made it okay; and/or
- The nurse's supervisor said it was okay to do.

Kentucky Nursing Laws and Scope of Practice

KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care. Nurses must practice with reasonable skill and safety.

KRS 314.011(6) defines "registered nursing practice" as: …The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in: c) The administration of medication and treatment **as prescribed** by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses….

KRS 314.011(10) defines "licensed practical nurse" as: …The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in: c) The administration of medication or treatment **as authorized** by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

Nurses **do not** have the authority to independently prescribe or administer prescription medications without a valid medical order issued by a provider.

KBN has published Advisory Opinion Statement (AOS #14) entitled *Roles of Nurses in the Implementation of Patient Care Orders* as a guideline for safe nursing practice. The statement addresses a variety of information on the implementation of medical orders and includes specific information on the use of protocols, standing orders, and routine orders. Nurses should review the entire statement that can be located on the KBN website or obtained from the KBN office.

Disciplinary Action Imposed

Kentucky is a **mandatory reporting state**. If a nurse administered a medication to a patient, coworker, or any other individual without a medical order, and/or wrote an order on a patient's medical record without medical authorization, then, by law, that information must be reported to KBN. A complaint would be entered on the nurse's license and an investigation would be initiated. Disciplinary action could be taken on the license. For more information regarding the KBN Disciplinary Process, visit the KBN website at **http://kbn.ky.gov**.

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Nursing Leadership Program: An Overview of the *Kentucky Nursing Laws* and the Kentucky Board of Nursing

SPONSORS/HOSTS REQUESTED FOR 2006-2007

KBN is currently planning the schedule for presentation of its continuing education nursing laws and leadership programs for 2006 and 2007, and is seeking sponsors/host sites for the offerings. The continuing education program (6.9 contact hours) will include information on new requirements such as the clinical internship for new graduates, annual license renewal for all nurses, and the interstate licensure compact. The program is designed for administrators, managers and clinical staff, and has the following objectives:

- Review KBN's role as a regulatory agency; its mission, programs and activities, including current legislation and new requirements.
- Examine the responsibility and accountability of nurses, nursing supervisors and administrators in relation to the Kentucky Nursing Laws, nursing practice, and current practice opinions, including licensed practical nurse intravenous therapy scope of practice, and nurse delegation.
- Discuss the complaint and disciplinary processes including mandatory reporting, investigation and resolution of complaints with actual case scenarios.
- Describe the requirements of nurses on probation and your role as an employer/peer.
- Explain the Kentucky Alternative Recovery Effort (KARE) for Nurses Program and the incidence of chemical dependency in the nursing profession.

The goals of the Board in offering the program are multiple, and include in part:

- Participating in interactive and educational discussions with nurses in the Commonwealth about the laws governing their licensure, regulation, education and practice.
- Providing four programs a year geographically distributed throughout Kentucky and making the programs as available to nurses as possible.
- Planning for an approximate minimum number of 35 attendees and maximum of 180 at each presentation.

KBN would like to develop a partnership with agencies or organizations to host this program in 2006 or 2007. Should you wish to host a program, receive additional information or have questions, contact Bernadette Sutherland, Nursing Practice Consultant, at 502-429-3307 or 1-800-305-2042.

PRACTICE*Corner*

by Bernadette M. Sutherland, MSN, RN, *Practice Consultant*

Role of Nurses in Maintaining Confidentiality of Patient Information - Advisory Opinion Statement (AOS)#34

KBN has received multiple inquires on the role of nurses in the maintenance (use and disclosure) of confidential patient information, and nurse behaviors that would constitute a breach of confidentiality subjecting a nurse to potential disciplinary action by the Board.

The term "confidential patient information" as used in this statement refers to individually identifiable health and personal information, and recognizes a patient's expectation of and right to privacy in the maintenance of this information. Such information would include, but is not limited to: information related to the past, present or future physical or mental health of an individual and treatment; and any information that identifies the individual or in which there is a reasonable basis to believe that the information can be used to identify the individual.

The term "confidentiality" is not used in the Kentucky Nursing Laws, Kentucky Revised Statutes (KRS) Chapter 314. The statutes, however, require that a nurse's practice be consistent with nationally published nursing standards of practice, and be performed with reasonable skill and safety.

The American Nurses Association's Code of Ethics for Nurses, Provision 3.2, recognizes that nurses have a duty to maintain confidentiality of patient information. "…The standard of nursing practice and the nurse's responsibility to provide quality care require that relevant data be shared with those members of the health care team who have a need to know. Only information pertinent to a patient's treatment and welfare is disclosed, and only to those directly involved with the patient's care. Duties of confidentiality, however, are not absolute and may need to be modified in order to protect the patient, other innocent parties, and in circumstances of mandatory disclosure for public health reasons." (ANA © 2001)

KRS 314.021(2), hold nurses individually responsible and accountable for rendering safe, effective nursing care to patients and for judgments exercised and actions taken in the course of providing care. As a guide to nurses and employers, KBN advises that a nurse:

1. Is obligated to protect confidential patient information unless required by law to disclose the information,
2. Seeks and releases confidential patient information only when there is a clear and substantial "need to know" basis for the information. A "need to know" basis is one that requires individuals to have information in order to render care or service to a patient, and
3. Discloses confidential patient information to the patient's family members and others only as permitted by the patient.

A nurse whose behavior is

New Board Member Appointments

Governor Ernie Fletcher has appointed three new members to the Kentucky Board of Nursing filling one vacancy and replacing retiring Board members Lori Davis, Citizen-at-Large, Lexington, and Mary Gail Wilder, RN, Henderson.

Melda Sue Logan, Jeff, is a retired nurse. Logan received her nursing degree from St. Elizabeth School of Nursing, her bachelor's from St. Joseph's College and her master's in nursing from Bellarmine University. She is also a board member of the Area Health Education Center.

Carol Komara, Lexington, is a staff development specialist for the University of Kentucky Department of Nursing. Komara received her bachelor's in nursing from Vanderbilt University and her master's in nursing from Bellarmine University. She is a member of the Sigma Theta Tau National Honor Society for Nurses, the Association of Women's Health – Obstetric and Neonatal Nurses, the National Nurses Staff Development Organization and the Central Kentucky Nursing Staff Development Organization.

Patricia C. Birchfield, Lexington, is a nursing professor for Eastern Kentucky University. Birchfield received her bachelor's and her master's in nursing from the University of Kentucky and her doctorate in nursing from the University of Alabama at Birmingham. She is a member of the American Nurse's Association, the Kentucky Nurse's Association, the Kentucky Coalition of Nurse Practitioners, and the American Academy of Nurse Practitioners.

KBN welcomes the new members and extends appreciation and thanks to the retiring members for their years of dedicated service.

inconsistent with the guidelines stated above may be charged with being in violation of KRS 314.091(1)(d) "...negligently or willfully acting in a manner inconsistent with the practice of nursing...." For example, a nurse who violates state or federal law, such as HIPAA (Health Insurance Portability and Accountability Act), and/or improperly acquires, uses or discloses confidential patient information is subject to potential disciplinary action by the Board.

As with all complaints received by KBN regarding potential violations of the Kentucky Nursing Laws, each complaint is considered on a case-by-case basis. The specific facts of each situation are evaluated on an individual basis. Advisory opinion statements are issued by KBN as a guidepost to licensees who wish to engage in safe nursing practice. As such, an opinion statement is not a regulation of the Board and does not have the force and effect of law. [Approved 8/2005]

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At Baptist Regional Medical Center we work as a team to provide quality care to all of our patients. With the latest technology and a highly trained staff, we are dedicated to offering the most advanced medical care in a caring environment.

For more information about Baptist Regional Medical Center and our career options visit us on the internet at www.baptistregional.com.

For updated information about the Hurricane Katrina national disaster and nurses' opportunities to assist and/or volunteer, refer to the Cabinet for Health and Family Services, Department for Public Health, website at http://chfs.ky.gov or the KBN website at http://kbn.ky.gov.

University Hospital

"I'm sharing new ideas with a new generation of health care professionals."

U should know: *We are the only Level I Adult Trauma Center in the region.*

University Hospital is a state-of-the-art, 404 bed acute care facility, providing a full range of diagnostic, therapeutic, emergency, and surgical services, including the area's only Level I Trauma Center. As the primary adult teaching hospital for the U of L Health Sciences Center, we train the next generation of health care professionals. Our knowledge of the latest medical treatments and techniques means patients at University Hospital receive the most up-to-date treatment in the region.

University Hospital offers competitive wages and benefits. Some of our benefits include:

- Medical, Dental, Life Insurance
- Tuition Reimbursement
- 403(b) Plan
- Retirement Plan
- Long and Short-term Disability
- Employee Recognition Programs

Please contact **Human Resources at 502-562-3156** for information on openings for **RN's** or visit our web site at **www.UofLHealthcare.org** for a list of openings.

Creating The Knowledge To Heal

a proud member of UofL Health Care

Kentucky Board of Nursing
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Louisville KY 40222-5172